## COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY SAN DIEGO MENTAL HEALTH SERVICES

## MENTAL HEALTH TREATMENT PLAN

Date:	Student:	Type of Service:		Start Date: ASAP	<b>Duration: 6 months</b>
Area of Need:					
D (T )					
Present Level					
Measurable Long-Tei	rm Goal·				
Medistruble Boile Term Ovai.					
Parents will be inform		Periodic Review Dates	Progress Toward Goal		cient Progress to Meet Goal
= ' ' .	☐ Trimester ☐ Other:	1 2	1		s
How?		3.	3	□Ye	s
☐ Annotated Goals ☐ Other: teacher,		4	4	\\Ye	s
Benchmark/Short-Term Objective: Within 2 months: Date:					
1.	Thi Objective. Within 2 mone	ш.			Date.
					☐ Achieved
					☐ Reviewed
					_
Person(s) Responsible: client, therapist					
Benchmark/Short-Te	rm Objective: Within 4 mont	ths:			Date:
1.					☐ Achieved
					Acmeveu
					Reviewed
Person(s) Responsible	e: client, therapist				
Area of Need					
Area of recu					
Present Level:					
Measurable Long-Term Goal:					
Parents will be inform		Periodic Review Dates	Progress Toward Goal	Suffic	cient Progress to Meet Goal
	☐ Trimester ☐ Other:	1 2	1	Ye	s
How?		3	3	\Ye	s
☐ Annotated Goals, ☐ Other: teacher,		4	4		s No
Benchmark/Short-Term Objective: Within 2 months:  Date:					
Deficient in Short 10.	THE OBJECTIVE.				
					☐ Achieved
					☐ Reviewed
Person(s) Responsible	e: client, therapist				
Benchmark/Short-Term Objective: Within 4 months:					Date:
					☐ Achieved
					□ AUHEVEU
					☐ Reviewed
Person(s) Responsible	e: client, therapist				
Student Signature		Date	Signature of Parent		Date
Signature of Mental H	lealth Service Representative	Date			
J					

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